BIT

PHAMATECH, INC.

10151 Barnes Canyon Road, San Diego, CA 92121

TOLL-FREE: 1-877-635-5840

PECIMEN ID NO. 1000563803



ACCESSION NO.

SIEP I, COMPLETED BY COLLECTOR OR	CIVIPLOTER REPRESENTATIVE				
A. Employer Name, Address I.D. No. US Customs & Border Protection		B. MRO Name, A	ddress, Phone	No. and Fax No. Comprehensive Drug Test Dr. Barbara Pohlman	ing, Inc.
Minneapolis Hiring Center - PCS 5600 American Blvd., #700 Bloomington, MN 55437				525 Cabrillo Park Dr., St Santa Ana, CA 92701	5
PH: 952-857-2923 Fax: 952-874	STATES AND THE STATES AND A SECOND SE		Ph:	714-852-5200 Fax: 714-8	52-5201
C. Donor SSN or Employee I.D. No.					
D. Specify Testing Authority: HHS INITIAL NITE IN THE INITIAL NI	RC DOT – Specify DOT Agen	cy: 🗌 FMCSA	□ FAA □ F	FRA 🗆 FTA 🗎 PHMSA 🔲	USCG
E. Reason for Test: Pre-employment Random	Reasonable Suspicion/Cause Post	Accident 🔲 Return to	o Duty 🔲 Follow-	up Other (specify)	
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify)					
G. Collection Site Address:					
			llector Fax No.		
	ate and Zip:	MATERIA DE SERVICIO E MATERIA DE SERVICIO	-		
STEP 2: COMPLETED BY COLLECTOR (ma		AND AND POST OF THE PARTY OF TH	THE RESIDENCE OF THE PARTY OF T		
Temperature between 90° and 100° F? ☐ Yes	No, Enter Remark Collection:	🛮 Split 🔲 Single 🗏	None Provided	, Enter Remark 🔲 Observed, Ente	r Remark
REMARKS					
STEP 3: Collector affixes bottle seal(s) to bottle STEP 4: CHAIN OF CUSTODY - INITIATED I	BY COLLECTOR AND COMPLETE	D BY TESTING F	ACILITY		
I certify that the specimen given to me by the donor labeled, sealed and released to the Delivery Service	identified in the certification section on C noted in accordance with applicable Fe	Copy 2 of this form water deral requirements.	as collected,	SPECIMEN BOTTLE(S) RELEASED	то:
X				UPS	
	Signature of Collector		AM PM		
(PRINT) Collector's Name (First, MI, La:	pate (Mo/	Dav/Yr) Tim	ne of Collection	Name of Delivery Service	
RECEIVED AT LAB OR IITF:	or, Bate (Mo)		Primary Specimen	SPECIMEN BOTTLE(S) RELEASED	TO:
X			Bottle Seal Intact		
Signature	of Accessioner	COURSE / COURSE GARRON	YES NO		
(PRINT) Accessioner's Name (First, MI, L	Last) Date (M		NO, Enter remark		
STEP 5A: PRIMARY SPECIMEN REPORT -					
■ NEGATIVE ■ POSITIVE for:	☐ Marijuana Metabolite (△9-THCA)	6-Acetylmorp	hine	Methamphetamine MDMA	
DILUTE	Cocaine Metabolite (BZE)	☐ Morphin		☐ Amphetamine ☐ MDA	MDEA
REJECTED ADULTERATED SUBS	STITUTED INVALID RESULT				
REMARKS:					
Test Facility (if different from above):	mined upon receipt, handled using chain of a	untady procedures, and	aluzad and reporte	d in accordance with applicable Enderal r	aquirements
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.					
Signature of Certifying Technician/Scie	entiet (PPINT) Cortify	ing Technician/Scientis	et'e Name (Firet MI	, Last) Date (Mo/Day/Yr)	
Signature of Certifying Technician/Scientist (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) Date (Mo/Day/Yr) STEP 5B: COMPLETED BY SPLIT TESTING LABORATORY					
Laboratory Name	RECONFIRMED FAILED TO RI I certify that the split specimen identified or and reported in accordance with applicable		ed upon receipt, ha	andled using chain of custody procedures	, analyzed,
Laboratory Address	X Signature of Certifying Scientist	(PRINT) Certifying Sc	cientist's Name (Fir	st, MI, Last) Date (Mo/Day/Yr)



PHAMATECH, INC. mother to adjust of bridges of believe to a located a construction of the part of the

	ACCE	SSION NO.
ENTATIVE		
B. MRO Na	ame, Address, Phone N	lo. and Fax No.
		Comprehensive Drug Testing, In
		Dr. Barbara Pohlman 525 Cabrillo Park Dr., Ste. 250
		Santa Ana, CA 92701
116015	Ph: 7	14-852-5200 Fax: 714-852-520
DOT Agency: FM(CSA DEAA DE	BA DETA DEHMSA DUSCO
S COC Only Cother (Accept to Duty Follow-u	o Li Other (specify)
	Collector Phone No.	
	Collector Friorie No.	
	Collector Fax No.	
ropriate) Collector read	ds specimen tempera	ture within 4 minutes.
Collection: Split Sir	ngle None Provided,	Enter Remark Observed, Enter Remar
al(s). Donor initials seal	(s). Donor completes S	STEP 5 on Copy 2 (MRO Copy)
n postion on Conv. 2 of this	forms was sall-start	SPECIMEN BOTTLE(S) RELEASED TO:
applicable Federal requirem	nents.	
		UPS
1 1	AM	
Date (Mo/Day/Yr)		Name of Delivery Service
ed by this form, he/she may ions for your own records.	contact you to ask about p	SSARY. If you choose to make a list, do so
	-ORMATION ON THE BA	CK OF ANY OTHER COPY OF THE FORM.
SPECIMEN		
		☐ TEST CANCELLED
(DDINT) II JE JD J OF		
(PRINT) Medical Review Off	icer's Name (First, MI, Last)	/ Date (Mo/Day/Yr)
ECIMEN	iicer's Name (First, MI, Last)	/
	īcer's Name (First, MI, Last)	/ Date (Mo/Day/Yr)
ECIMEN	īcer's Name (First, MI, Last)	Date (Mo/Day/Yr) □ TEST CANCELLED
ECIMEN	icer's Name (First, MI, Last)	
ECIMEN specimen (if tested) is:	iicer's Name (First, MI, Last)	
ECIMEN specimen (if tested) is:	ricer's Name (First, MI, Last)	
ECIMEN specimen (if tested) is:	icer's Name (First, MI, Last)	
ECIMEN specimen (if tested) is:	īcer's Name (First, MI, Last)	
	B. MRO Na ### Accident ### Accident ### Cause Post Accident ##	B. MRO Name, Address, Phone No. DOT Agency: FMCSA FAA FR.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of inform. **PHAMATECH**, 1000 and 1010 and 1

Signature of Medical Review Officer

Reaction of the Property Read, Room 7-1044, Rockyll R R R R R R R R R R R R R R R R R R	BODA's reducing this burder \$0.803.800	llection of information, including <mark>on goles</mark> aryland, 20857.
A. Employer Name, Address I.D. No.		
US Customs & Border Protection Minneapolis Hiring Center - PCS 5600 American Blvd., # 700 Bloomington, MN 55437 PH: 952-957-2923 Fax: 952-674-4550 Donor SSN or Employee I.D. No.		No. and Fax No. Comprehensive Drug Testing, In Dr. Barbara Pohlman 525 Cabrillo Park Dr., Ste. 250 Santa Ana, CA 82701 14-852-5200 Fax: 714-852-520
). Specify Testing Authority: HHS NRC DOT-	- Specify DOT Agency: FMCSA FAA F	BA DETA DEUMSA DUSCO
E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable St. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP G. Collection Site Address:	Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-u	p Other (specify)
Collection Site Name Address:	Collector Phone No. Collector Fax No.	
City, State and Zip:	Collector Fax No.	
STEP 2: COMPLETED BY COLLECTOR (make remarks wh	nen appropriate) Collector reads specimen tempera	ture within 4 minutes.
emperature between 90° and 100° F? ☐ Yes ☐ No, Enter Ren REMARKS	emark Collection:	Enter Remark
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector of STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR of certify that the specimen given to me by the donor identified in the calculation and the sealed and released to the Delivery Service noted in accordance.	OR AND COMPLETED BY TESTING FACILITY	STEP 5 on Copy 2 (MRO Copy) SPECIMEN BOTTLE(S) RELEASED TO:
X		LIDE
Signature of Collect	ector AM	UPS
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) Time of Collection	
STEP 5: COMPLETED BY DONOR	Date (Mo/Day/Yr) Time of Collection	Name of Delivery Service
Daytime Phone No. () Evening After the Medical Review Officer receives the test results for the specime you may have taken. Therefore, you may want to make a list of those either on a separate piece of paper or on the back of your copy (Copy TAKE COPY 5 WITH YOU. BTEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PI in accordance with applicable Federal requirements, my verification is: DILUTE REFUSAL TO TEST because – check reason(s) below: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER:	en identified by this form, he/she may contact you to ask about per medications for your own records. THIS LIST IS NOT NECE by 5). – DO NOT PROVIDE THIS INFORMATION ON THE BATERIMARY SPECIMEN	SSARY. If you choose to make a list, do so
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	
TED 7. COMPLETED BY MEDICAL BENEFIT OFFICE		
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - Sp a accordance with applicable Federal requirements, my verification for		
RECONFIRMED for:		TEST CANOSILES
□ FAILED TO RECONFIRM for:		☐ TEST CANCELLED
LINEED TO RESOURTING IOI.		
REMARKS:	016015	
v	016015	7

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

Public Burden Statement MRO4 JORTHOD DNA YDOTZUD SNITZET BURD Statement Public Burden Statement Public Burden Statement MRO4 JORTHOD DNA YDD STATEMENT PUBLIC BURDEN PUBLIC BURDEN STATEMENT PUBLIC BU

PHAMATECH, INC. moini to noticelloo s of bhogset of behilper for all noticelloosed on the noticelloosed of behilper for all noticelloosed on the noticelloosed of the n

4 minutes/collector: 3 minutes/lest facility: and 3 minutes/Medical Review 6 and 6 minutes/collector: 3 minutes/filedical Review 6 and 6 minutes/collector: 3 minutes/lestor 6 minutes/collector: 3 minutes/lestor 7 minutes/collector: 3 minutes/lestor 7 minutes/collector: 3 minutes/collector: 3 minutes/lestor: 3 minutes/lestor: 4 minutes/collector: 4 minutes/collector: 4 minutes/collector: 4 minutes/collector: 5 minutes/lestor: 6 minutes/lestor: 6 minutes/collector: 6 m

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER	Aaryland, 20857.
A. Employer Name, Address I.D. No. US Customs & Border Protection Minneapolis Hiring Center - PCS 5600 American Blvd., #700 Bloomington, MN 55437 PH: 952-857-2923 Fax: 952-674-4550	B. MRO Name, Address, Phone No. and Fax No. Comprehensive Drug Testing, Inc. Dr. Barbara Pohlman 525 Cabrillo Park Dr., Ste. 250 Santa Ana, CA 92701 Ph: 714-852-5200 Fax: 714-852-5201
C. Donor SSN or Employee I.D. No.	
D. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DC	OT – Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG
E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonab	ole Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AM	MP □ THC & COC Only □ Other (specify)
G. Collection Site Address: Collection Site Na	me:
AND THE PROPERTY OF THE PROPER	ができない。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ
City, State and Zip	Collector Fax No s when appropriate) Collector reads specimen temperature within 4 minutes.
	Remark Collection:
REMARKS	Remark Collection: 🗆 Split 🗀 Single 🗀 None Provided, Enter Hemark 🗀 Observed, Enter Hemark
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLEC	
I certify that the specimen given to me by the donor identified in the labeled, sealed and released to the Delivery Service noted in account to the service noted in the labeled service noted ser	ordance with applicable Federal requirements.
Signature of 0	Collector AM
(PRINT) Collector's Name (First, MI, Last)	
STEP 5: COMPLETED BY DONOR	
I certify that I provided my urine specimen to the collector; that I my presence; and that the information provided on this form and	have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in on the label affixed to each specimen bottle is correct.
X Signature of Donor	(PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)
Daytime Phone No. () Eve	ening Phone No. () Date of Birth/
After the Medical Review Officer receives the test results for the specyou may have taken. Therefore, you may want to make a list of the either on a separate piece of paper or on the back of your copy (CTAKE COPY 5 WITH YOU.	(Mo/Day/Yr) cimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications hose medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM.
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER In accordance with applicable Federal requirements, my verification	- PRIMARY SPECIMEN
□ NEGATIVE □ POSITIVE for: □ DILUTE □ REFUSAL TO TEST because − check reason(s) below: □ ADULTERATED (adulterant/reason): □ SUBSTITUTED □ OTHER: □ OTHER:	☐ TEST CANCELLED
REMARKS:	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)
STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER	- SDI IT SDECIMEN
In accordance with applicable Federal requirements, my verification	
□ RECONFIRMED for:	TEST CANCELLED
☐ FAILED TO RECONFIRM for:	
REMARKS:	016015
V	016015
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

PHAMATECH, INC. 10151 Barnes Canyon Road, San Diego, CA 92121 TOLL-FREE: 1-877-635-5840

SPECIMEN ID NO. 1000563803

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REP		SION NO.
A. Employer Name, Address I.D. No.	B. MRO Name, Address, Phone N	o and Fax No
US Customs & Border Protection Minneapolis Hiring Center - PCS 5600 American Blvd., # 700 Bloomington, MN 55437	016015	Comprehensive Drug Testing, Inc. Dr. Barbara Pohlman 525 Cabrillo Park Dr., Ste. 250 Santa Ana, CA 92701 4-852-5200 Fay: 714-852-5201
PH: 952-857-2923 Fax: 952-674-4550 C. Donor SSN or Employee I.D. No.	t 43. f s	4-002-0200 1 8x. 7 14-002-0201
D. Specify Testing Authority: HHS NRC DOT – S	Specify DOT Agency: TEMOSA TEM	A DETA DRIMSA DIISCO
E. Reason for Test: Pre-employment Random Reasonable Susp F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP	oicion/Cause Post Accident Return to Duty Follow-up	
G. Collection Site Address: Collection Site Name: _ Address:	Collector Phone No.	nen n e n nen gerbere.
behaped as notice asset one City, State and Zip:	Collector Fax No.	first a causing of facette or
STEP 2: COMPLETED BY COLLECTOR (make remarks when	appropriate) Collector reads specimen temperat	ure within 4 minutes.
「emperature between 90° and 100° F? ☐ Yes ☐ No, Enter Rema	rk Collection: Split Single None Provided, I	Enter Remark Observed, Enter Remark
REMARKS	o no segra ponde que sobrane e participa en objeta. Subserva en esta esperante en esperante en objeta en objeta	S. 9879 millión essential, 198
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR A	AND COMPLETED BY TESTING FACILITY	TEP 5 on Copy 2 (MRO Copy)
l certify that the specimen given to me by the donor identified in the certifable, sealed and released to the Delivery Service noted in accordance	fication section on Copy 2 of this form was collected,	SPECIMEN BOTTLE(S) RELEASED TO:
X	with applicable rederal requirements.	ISAN PAS A NEW SOLUTION OF
Signature of Collector	AM	to and as UPS shoulded a
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) Time of Collection	Name of Delivery Service
STEP 5: COMPLETED BY DONOR	Para more some some some some some	Name of Delivery Service
certify that I provided my urine specimen to the collector; that I have n my presence; and that the information provided on this form and on the	ot adulterated it in any manner; each specimen bottle used label affixed to each specimen bottle is correct.	d was sealed with a tamper-evident seal in
X		1 1 000
Signature of Donor	(PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr)
Daytime Phone No. () Evening F	Phone No. ()	ate of Birth
After the Medical Review Officer receives the test results for the specimen in you may have taken. Therefore, you may want to make a list of those me in the back of your copy (Copy 5) FAKE COPY 5 WITH YOU.	edications for your own records. THIS LIST IS NOT NECE: . – DO NOT PROVIDE THIS INFORMATION ON THE BAC	SSARY. If you choose to make a list, do so CK OF ANY OTHER COPY OF THE FORM.
TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIM	MARY SPECIMEN	control management in the
n accordance with applicable Federal requirements, my verification is:		
□ NEGATIVE □ POSITIVE for: □ DILUTE □ REFUSAL TO TEST because – check reason(s) below:	ateb commo lest op entilement i good ee	☐ TEST CANCELLED
☐ ADULTERATED (adulterant/reason): ☐ SUBSTITUTED ☐ OTHER:	Campa se se la POR prinere en	
REMARKS:		
orission octre interratio, calusal to provide a urine specimen.	n rederat Emproyees Omyl romediom evelotes Houve notable sa	en autobalensie für gürvif en autobalen eil tolk gürvif
redependent from the mean warm of the mineral from the medepend •		earnoace to contain the come
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr)
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLI	IT SPECIMEN	9.0. Sec. 7301 (2) 6 U.S.P. Sec. 7343
n accordance with applicable Federal requirements, my verification for the		object the partitioner is a defeat to
RECONFIRMED for:		☐ TEST CANCELLED
alivers on Interest administration for the more like a construction	The second of th	- ILSI CANCELLED
FAILED TO RECONFIRM for:	Care to respect the state and the state of t	in the case of was heavy we do person
REMARKS:	016015	as of entirese seeks so of grytherad accommo
		ublic Burden Statement
regen of the my tion takes a displays a currently valid DMB con	elja o le d 016015 septembrose posegui bra s	nd ar application follocation of spores
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr)